



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION

CHANGE OF PRODUCER STATUS

P.O. BOX 690 or
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

ENCLOSE A \$10 FEE IF YOU WANT A LICENSE SHOWING THE CHANGES INDICATED BELOW. FEE MAY BE PAID BY CHECK OR MONEY ORDER, MADE PAYABLE TO DIFP - INSURANCE. ☐ CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

SOCIAL SECURITY/LICENSE NUMBER	LEGAL LAST NAME	FIRST NAME	MI	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)				

☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)

STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
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NEW BUSINESS ADDRESS (Optional)

STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
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NEW MAILING ADDRESS (Optional)

STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
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☐ **CHANGE OF NAME** (Please attach documentation)

PREVIOUS NAME

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NEW NAME

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☐ **CORRECTION OF SOCIAL SECURITY NUMBER** (Please attach documentation)

INCORRECT SOCIAL SECURITY NUMBER	CORRECT SOCIAL SECURITY NUMBER

PRODUCER AUTHORIZATION

SIGNATURE OF PRODUCER	DATE
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